

PAYEE REGISTRATION
State of Michigan
State Budget Office
Office of Financial Management
P.O. Box 30710
Lansing, Michigan 48909
Telephone: (888) 734-9749
In Lansing: (517) 373-4111
Fax Number: (517) 373-6458

Form DMB – 20-OFM (04/01)

AUTHORITY: Act 431 of 1984.
COMPLETION: Voluntary
Completion necessary for inclusion
In master vendor/payee file.

COMPLETE BOLD ITEMS BELOW

1. TAX IDENTIFICATION NUMBER (TIN) (Use Social Security if sole proprietor) <div style="display: flex; justify-content: space-between;"><div>FEIN <input type="checkbox"/></div><div>SSN X <input checked="" type="checkbox"/></div></div>	2. NAME _____ Doing Business As: _XXXXXXXXXXXXXXXXXXXXXXXXXXXXX_
3. TYPE OF OWNERSHIP <div style="margin-left: 20px;"><input checked="" type="checkbox"/> Individual/Sole Proprietorship: Name of Individual: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 100px;">FirstMiddleLast</div><div style="margin-left: 20px;"><input type="checkbox"/> Partnership (Partnership does not include marital status.) <input type="checkbox"/> Government (Federal, State and Local) <input type="checkbox"/> Non-Profit <input type="checkbox"/> Non-Profit 501c(3) <input type="checkbox"/> Corporation, State of _____ <input type="checkbox"/> Limited Liability Company, State of _____</div></div>	
4. MAILING ADDRESS (Street and /or P.O. Box) Attn – 1: _____ Phone: (____) _____ Attn – 2: _____ Fax: (____) _____ Street: _____ City: _____ State: _____ Zip: _____ - _____ P.O. Box: _____ City: _____ State: _____ Zip: _____ - _____ Contact Name: _____ E-mail Address: _____	
5. REMITTANCE ADDRESS (If different than above) Attn – 1: _____ Phone: (____) _____ Attn – 2: _____ Fax: (____) _____ Street: _____ City: _____ State: _____ Zip: _____ - _____ P.O. Box: _____ City: _____ State: _____ Zip: _____ - _____ Contact Name: _____ E-Mail Address: _____	
6. Signature: _____ Date: _____	